



**FAB Club Membership Application**

The Maidu FAB Club is a member based program designed for adults 50 years and better who are interested in participating in a variety of activities and programs offered the City of Roseville’s Parks, Recreation & Libraries Department.

**Annual Costs:**

General Membership **\$32** Resident **\$38**NR  
 Couple Membership **\$53** Resident **\$63** NR *(one member must be 50+ and reside at same address)*

Tier 1 Low Income Membership: **\$20** *(annual income of \$24,000 to 12,500 Roseville residents only)*  
 Tier 2 Low Income Membership: **\$10** *(annual income of \$12,499 or lower Roseville residents only)*

Volunteer Membership: **\$0\*\***

*\*\*City of Roseville Volunteer status must be cleared by the Human Resources Department and volunteer more than 10 hours a month. The average hours assigned per volunteer is 3hrs/week.*

**Membership Information**

Name of member #1 \_\_\_\_\_ Male/ Female

Name of member #2 \_\_\_\_\_ Male/ Female

Address \_\_\_\_\_ Phone# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth of member #1 \_\_\_\_\_

Date of Birth of member #2 \_\_\_\_\_

Email address \_\_\_\_\_

Would like to receive our FAB Club newsletter via email? YES \_\_\_\_\_ NO \_\_\_\_\_

**Emergency Information (OPTIONAL & CONFIDENTIAL)**

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

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Home Phone contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medical Issues: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physician Name & Phone # \_\_\_\_\_

**\*Household Income (ONLY FILL OUT THIS SECTION IF YOU ARE REQUESTING REDUCED MEMBERSHIP FEE)**

List all adult household members and the amount of ANNUAL INCOME. (Including gross earnings from work, pensions, retirement, social security, welfare benefits, child support, alimony payments or other income)

Last Name, First	Total Annual Income

VERIFICATION: Application must be accompanied by copies of:

1. Valid driver's license or identification card
2. A City of Roseville utility bill (i.e. electricity, water, refuse)
3. First page of a current 1040 Federal income tax return form and supporting W-2's or other tax form that verifies annual total household income
4. Current pay, retirement or social security statements

Application for reduced fees may be submitted at any time. Verification efforts may be carried out through program reviews, audits and investigation. This may include contacting employers to determine income or benefits and checking the documentation provided by household members to prove the amount of income received. If incorrect information is reported, verification checks may result in a loss or reduction of benefits, administrative claims or legal action.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of reduced fees on City programs and officials may verify the information on the application. Deliberate misrepresentation of the information on this form may be subject to prosecution under applicable State and Federal Laws.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of adult household member completing form

**City of Roseville Parks, Recreation and Libraries Department**  
**PARTICIPANT'S WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

The undersigned hereby releases the CITY, its' officers, agents, and employees from, and waives and relinquishes any claim, liability, cause of action, damages, or costs for personal injury or property damage arising as a result of participation in or receiving instructions from the CITY regarding said activity, excepting for such personal injury or property damage as may arise directly out of the active negligence of the CITY, its' officers, agents and employees. The undersigned acknowledges that he she has been fully advised of the risks and potential dangers incidental to engaging in the activity for which this form is submitted, and voluntarily and knowingly assumes the risks of engaging in the activity. **The Roseville Sports Center may be closed for up to 30 days per year for special events, activities and/or maintenance. Refunds will not be issued for any unused portion of punch cards or passes.**

Note: By signing this agreement, you are agreeing to release photo rights and relieve the City of liability for personal injury, wrongful death, or property damage except as may be caused by the negligence of the CITY.

Photo/Video Waiver: I understand that the City of Roseville (City) staff reserves the right to photograph and/or record facilities, activities and program participants for potential future use. I hereby grant permission to the City to use my or my participant's photograph and/or audio/video recording for any lawful purpose, including for example such purposes as print and online advertising. I understand that I will not be paid or receive anything related to the City's use of my/my participant's photograph and/or recording. I understand that all photographs and recordings will remain the property of the City and I acknowledge the City's right to alter or edit any photographs and/or recordings at its discretion. I agree to release the City from any and illegal claims I or a third party may have arising from the use of my/my participant's photograph and/or audio/video recording.

\_\_\_\_\_  
Signature of Participant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant #2

\_\_\_\_\_  
Date

**Office Use Only**

*Application Received on:* \_\_\_\_\_

*Staff:* \_\_\_\_\_

*Membership begins on:* \_\_\_\_\_

*Membership Expires on:* \_\_\_\_\_

*Fees: General* \_\_\_\_\_ *Couple* \_\_\_\_\_

*Tier 1 Low Income* \_\_\_\_\_ *Tier 2 Low Income* \_\_\_\_\_

*Volunteer* \_\_\_\_\_

*Total Fees Collected: \$* \_\_\_\_\_

Notes: